



**Report to the General Assembly on  
Performance-Based Contracted  
Case Management of Child Welfare Cases**



**July 2009**

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## FORWARD

Child welfare is a complex arena which requires innovative approaches for case managing foster care children. There is a long standing public-private partnership in the delivery of services to Missouri's child welfare population which served as the foundation to the performance based case management contracts. These contracts create an opportunity to increase the coordination of care in hopes of improving outcomes for children. They also allow for shared responsibility, whereby multiple systems can address the complex issues faced by the child welfare population. Both private and public agencies have successfully leveraged foundation and grant funding to bring innovative services and to address needs which are not met through government funding streams.

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. The foster care case management contracts have allowed the state agency to reduce caseloads and facilitate COA accreditation. To date, Missouri has 41 circuits and the Central Office/Hotline which meet accreditation standards. The adherence to accreditation standards in both the public and private sectors has resulted in a higher quality of care for all children in foster care.

Open communication with contracted providers for problem solving and discovery of best practices is another critical component of Missouri's privatization effort. When agencies work together and share common goals they are also able to more effectively convey the issues and challenges faced by children in foster care.

It is difficult to reflect the benefits of the public-private partnership in the outcomes. The calculation of outcome data in the child welfare arena is very complicated. This is further described in the Outcomes section of this report which addresses a population which may be changing, the transfer of cases between providers, intervening variables such as the courts, the difficulty of identifying appropriate outcome targets, and the need for a longer evaluation period to identify trends.

Improving outcomes for children case managed by private and public staff is the ultimate goal for the public-private partnership. We feel confident this initiative has increased the capacity to provide quality services to vulnerable children and their families. As such, we recommend the contract for performance-based case management services be continued.

Note: This report was compiled in collaboration by Children's Division staff and the Chief Executive Officers/Chief Operating Officers of the private agencies providing case management services.

## Introduction

State statute 210.112.6 requires the Children's Division to provide a report to the General Assembly regarding the status of the child welfare case management contracts which includes:

- Details about the specifics of the contracts, including the number of children and families served, the cost to the state for contracting these services, the current status of the children and families served, an assessment of the quality of services provided and outcomes achieved, and an overall evaluation of the project;
- Recommendations regarding the continuation or possible statewide implementation of the project; and,
- Any information or recommendations directly related to the provision of direct services for children and their families as requested by the contracting children's services providers and agencies.

This report includes the outcomes for the first three years of the contract (September 1, 2005-September 30, 2008). Current information will be provided regarding the population served, evaluation, cost, lessons learned, and challenges.

## Background

Missouri has a longstanding public-private partnership in the delivery of services to the child welfare population. The Department of Social Services has historically relied on the private sector to deliver services such as residential treatment and mental health services to children and families. In 1988, the Division of Family Services (DFS) began contracting with the private sector for adoption case management services through the adoption recruitment and assessment contracts. The scope of these services was limited, until 1997, when contracts were entered into specifically for foster care and adoption case management services. In 2000, when the contracts were re-bid, there was significant growth in the number of the children case managed through the private sector. However, these contracts were not performance-based. A fee-for-service reimbursement model was utilized.

In 2002, DFS held the first stakeholder meeting to discuss performance-based contracting for the delivery of foster and adoption case management services.<sup>1</sup> Before a contract was fully developed, HB 1453 was enacted. The division was directed to focus its efforts on geographic areas of the state, including Greene County, where children's services providers and agencies were available and capable of providing a broad range of services. The division was required to enter into contracts with qualified providers for the provision of comprehensive service delivery systems for children and families by July 1, 2005. The performance-based contracts were developed through a series of statewide and regional meetings with stakeholders representing the public and private sectors. At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

There was a strong commitment to remove any barriers which would prevent the contractors from being successful in the delivery of case management services. This commitment is evidenced by: an actuary study to develop actuarially sound case rates for case management services; a case rate which was inclusive of all services, including room and board in the 2<sup>nd</sup> year of the contract, to allow the contractor the greatest amount of flexibility to deliver services specifically designed for a child/family and the ability to provide a continuum of services; awards to provider consortiums to ensure service continuity; one time start up funding to allow contractors time to hire and train case management staff before any cases were assigned; and equalization of caseloads.

The caseload must be reflective of the region's average as some of the expected outcomes are based on historical performance for the region. Assigned caseloads were reflective of the regions average for age of child served, race, sex and length of time in foster care. While the mobility of foster children and the philosophy of one case manager per family made this equalization process very difficult to achieve, these efforts continue to date. The inclusion of room and board in the case rate in the 2<sup>nd</sup> year of the contract complicated this process as current cost of care must be considered as caseloads are awarded at the beginning of a new contract and as caseloads are rebuilt at the end of each contract year.

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<sup>1</sup> In August 2003, the Children's Services arm of the Division of Family Services became the Children's Division.

The movement from a fee for service model to a performance based contract altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. These additional referrals are new cases, assigned as soon as the child enters care. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for. If a child leaves custody but does not meet the permanency criteria, the consortiums are assigned a replacement case on a one for one basis. Therefore, the financial incentive for the contractors is to move a child to a permanent situation as soon as possible since children who reach permanency are not replaced until the end of the contract year through a rebuild process.

## Contract Awards

The performance based foster and adoption case management contracts were awarded to seven consortiums effective 6/1/05. Case assignment did not begin until 9/1/05. The contracts were awarded in three regions, St. Louis, Kansas City, and Springfield. Initially cases were only assigned from Greene County, in the Springfield region, to one provider. When the region was expanded to include the 38<sup>th</sup> and 39<sup>th</sup> circuits, during the 2<sup>nd</sup> year, case assignment began to a second contractor.

### St. Louis Region Contract Awards

These provider consortiums serve St. Louis City, St. Louis County, St. Charles, and Jefferson counties.

<b>Missouri Alliance Permanency Program</b> <ul style="list-style-type: none"> <li>Missouri Alliance for Children and Families</li> <li>Boys and Girls Town of Missouri</li> <li>Edgewood Children's Center</li> <li>MBCH Children and Family Ministries</li> <li>Presbyterian Children's Services Inc.</li> <li>Every Child's Hope (ECH)</li> </ul>	<b>Children's Permanency Partnership, LLC</b> <ul style="list-style-type: none"> <li>Family Resource Center</li> <li>Epworth</li> <li>Youth in Need</li> <li>Urban Behavioral Health Services</li> </ul>	<b>Catholic Charities</b> <ul style="list-style-type: none"> <li>Good Shepherd Children and Families</li> <li>Bringing Families Together LLC</li> <li>Our Little Haven</li> <li>Lutheran Family and Children Services of Missouri</li> </ul>
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### Kansas City Region Contract Awards

These provider consortiums serve Jackson, Andrew, Buchanan, and Clay counties.

<b>Cornerstones of Care</b> <ul style="list-style-type: none"> <li>Gillis Center</li> <li>Marillac Center</li> <li>Ozanam</li> <li>Spofford Home</li> <li>MBCH Children and Family Ministries</li> </ul>	<b>Family Advocates, LLC</b> <ul style="list-style-type: none"> <li>Crittenton Behavioral Health</li> <li>Catholic Charities-Kansas City/St. Joseph</li> </ul>
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### Springfield Region Contract Awards

These provider consortiums serve Greene, Christian, Taney, Lawrence, Barry and Stone counties.

Southwest Children's Coalition <ul style="list-style-type: none"><li>Boys and Girls Town of Missouri</li><li>MBCH Children and Family Ministries</li><li>Presbyterian Children's Services, Inc.</li><li>Missouri Alliance for Children &amp; Families</li></ul>	Springfield Partners, LLC <ul style="list-style-type: none"><li>Alternative Opportunities</li><li>Catholic Charities</li><li>Good Samaritan Boys Ranch</li><li>Lutheran Family and Children Services</li></ul>
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The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the central, south central and southwestern portions of the state. The current expiration date of all contracts is 9/30/11.

### Central Region Contract Award

This provider serves Boone, Callaway, Randolph, and Howard counties.

Central Children's Coalition <ul style="list-style-type: none"><li>Missouri Alliance for Children and Families</li><li>Boys and Girls Town of Missouri</li><li>MBCH Children and Family Ministries</li><li>Presbyterian Children's Services Inc.</li></ul>
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### South Central Region Contract Award

This provider serves Camden, Laclede, Phelps, Pulaski, and Texas counties.

Central Children's Coalition <ul style="list-style-type: none"><li>Missouri Alliance for Children and Families</li><li>Boys and Girls Town of Missouri</li><li>MBCH Children and Family Ministries</li><li>Presbyterian Children's Services Inc.</li></ul>
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### Southwest Region Contract Award

This provider serves Jasper, Newton, and McDonald counties.

Southwest Children's Coalition <ul style="list-style-type: none"><li>Missouri Alliance for Children and Families</li><li>Boys and Girls Town of Missouri</li><li>MBCH Children and Family Ministries</li><li>Presbyterian Children's Services Inc.</li></ul>
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As of 4/30/09 the active caseload for private contractors consisted of 2,560 children. This compares to 6,717 children served statewide. Approximately 38% of the foster care population is served through contracted case management providers.

### Children's Division Control Groups

Two "mirror" units, comprised of Children's Division staff who perform case management duties under conditions which replicate the contracts, were established in the Springfield and Kansas City regions. These units were designed to match the contractors on the following criteria:

- Type of caseload served;
- Caseload size;
- Supervisory ratios;
- Staff development expectations; and,
- Random assignment of cases.

The mirror units were not designed to match the contractors on the following:

- Education and experience of staff as existing supervisory units were utilized;
- Salaries of staff;
- Funding for special expenses and purchased services; and,
- Flexibility regarding the types of services purchased due to state procurement rules.

Despite these differences, the mirror units allow an opportunity to explore the conditions which are necessary to produce improved child welfare outcomes. In addition, it allowed an opportunity for early detection of problems with the contract design.

## **Evaluations**

### **Independent Evaluation**

State statute 210.112.6 requires the Children's Division to assess and evaluate the case management contracts. The University of Missouri-Columbia accepted the opportunity to conduct an independent evaluation, beginning in 2005, and focused on four concentration areas:

- Equalization of initial case load assignments;
- Establishment of "mirror" units within the Division;
- Evaluation of success and barriers of a performance based case management contract; and,
- Recommendations for continued success.

The university began a series of focus groups with stakeholders in March 2006 and completed their work in May 2007. The initial evaluation was concluded with a final report submitted to the Children's Division in June, 2007. The report concluded there "was a strong commitment to the partnership between the CD and the contractors" and "recognition that the strengths of the CD and the strengths of the contractors could work in tandem to create a stronger case management service." "In addition, there was strong recognition that accountability will be improved now that both groups are working with the same outcomes."

While there were issues which emerged during start up, "there was a strong recognition that these glitches were normal when a new initiative begins." The focus groups identified a need for more flexibility to offer creative opportunities in how case management services are approached, additional training, and additional staff to support the public-private partnership. These issues have since been addressed.

### **Quality Improvement Center (QIC) Grant**

The National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) has established an evaluation to study the public-private partnerships occurring around the country. Through a competitive application process, Missouri, Illinois and Florida were selected to participate in this cross-site performance-based contract evaluation which will conclude in September 2010. This project will examine the long-term maintenance supports and quality assurance processes needed to successfully implement a performance-based foster care case management contracting system. This evaluation includes surveys, focus groups, data outcome comparisons and written documentation of events as they pertain to performance based contracting. The purpose of the project is to improve child welfare practice in Missouri and provide as much information as possible to other states contemplating or changing to a performance based model for contracted case management services. University of Missouri-Columbia School of Social Work serves as the external evaluator for this project.

Information from the QIC PCW evaluation project has been discussed at national conferences. Most recently, in April, 2009, staff from the three demonstration sites and the QIC PCW provided a workshop at

the 17<sup>th</sup> National Conference on Child Abuse and Neglect. Four individuals from Missouri participated in the day long meeting to discuss plans for the final year of the project. A primary topic of discussion was the dissemination of information obtained through the QIC PCW evaluation. Representatives from the three demonstration sites and the QIC PCW will present at the 12<sup>th</sup> National Child Welfare Data and Technology Conference in June, 2009.

Staff from the Children's Division and representatives from several of the consortiums attended the National Summit on Public/Private Partnership, sponsored by the Administration for Children and Families and the QIC PCW, held on September 19-20, 2007, in Chicago, Illinois. The purpose of the summit was to bring together leaders in public child welfare and private provider communities to share innovative strategies and dialogue on effective practices. Seventeen states shared their current structures and strategies for promoting ongoing communication and collaboration between public and private agencies. Missouri representatives participated in two general session presentations. A similar summit was held in Lexington, Kentucky in September, 2008. Missouri will be represented at the National Summit on Public/Private Partnership held in St. Louis in August, 2009. The three QIC PCW demonstration sites will present information about their performance-based contract evaluation.

## **Outcomes**

The calculation of outcome data in the child welfare arena is very complicated. Case management can be transferred from one entity to another during a reporting outcome period. In addition, the targets are difficult to set, which necessitates an evaluation of the outcomes measures over a longer period of time. Each performance measure is discussed below.

## **Permanency**

The design of the contract necessitates the transfer of cases at the end of each contract year to rebuild the contractor's caseloads and as the result of the rebid process every three years. A change in case managers can delay permanency.

There are variables on the local level which can also impact the permanency measure such as the court's view on terminating parental rights etc. In addition, the population entering care may be changing with the number of children entering care declining for several years. The most drastic decline in the number of children entering care has occurred in St. Louis City, which is 68% privatized. The number of children who entered care in 2002 was 659. This reduced to 353 children in 2008. The permanency measure is based on historical data from 2002 and prior. As such, the permanency target may not be correct as none of the St. Louis providers have met it in all three years of the contract.

In the Kansas City region the contractors and the control group exceed the target in Year 1, 2 and 3. The permanency target set for this region did not factor in historical data for the children who were under CD supervision only. A presumption was made that these children would move to permanency at the same rate as those who are in the care and custody of CD.

In Year 3 the two contractors in the Springfield region met the permanency expectation. The control group did not. Their permanency rate declined by 12% from Year 2 to Year 3. During this same time period caseloads also increased above the contract standards as the result of significant worker turnover. In Year 2 the contractors and the control group met the permanency expectation, with the control group performing the best. Additional information is needed to fully examine performance on this measure.

## **Stability**

The stability target is based on total number of moves for a population which is active during a specified time period, not moves for the year. This results in artificially inflated performance for Year 1 with the measure expected to decline as the moves become cumulative in subsequent contract years, for those cases which remain open. The outcomes for Years 1, 2, and 3 reflect such, with overall performance declining each year. Only two contractors and one control group met the stability expectation in Year 3. In Year 1 all contractors and control groups exceeded the performance expectation. As the contract expanded to 3 regions with the last rebid a decision was made to remove this performance expectation from the contract for Year 4 as the situation described above would repeat.



## Re-entries into Care

The number of children re-entering care can also be expected to increase in subsequent contract years as the number of children served and the amount of time for re-entries to occur increases. This trend was evident from Year 1 to Year 2, with overall performance declining. However, all contractors, except one, and one of the control groups still met the performance target. All of the contractors and control groups met the performance target in Year 3.

## Safety

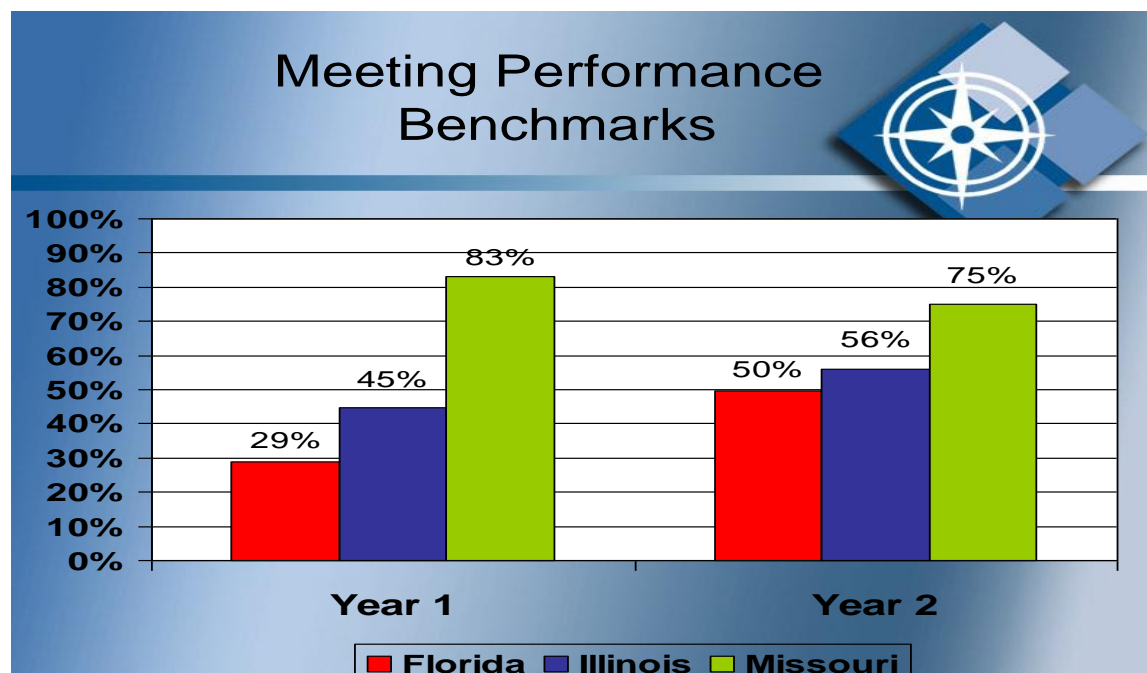
Trends in performance on the safety measure are also difficult to evaluate as three contractors and one pilot had no children who were abused/neglected by their alternative caregiver in Year 1. In Year 3, all contractors and control groups met the performance expectation.

## Resource Development

Two of the contractors did not develop the number of homes they indicated they would in their contract proposal. These two contractors also developed the least amount of homes. However, these providers also serve approximately ½ of the number of children served by the other contractors in their region.

## Overall Performance

The National Quality Improvement Center on the Privatization of Child Welfare Services evaluates all three states participating in the cross site evaluation on their contractor's ability to meet contractual performance expectations. The information below is taken from the QIC PCW presentation for the Data Conference in June, 2009. While performance shows a decline from Year 1 to Year 2 as predicted for reasons noted above, the contractors and mirror units have been successful in meeting overall performance benchmarks. Note: Year 3 outcomes were finalized shortly after this presentation.



## Cost

Reimbursement needs to be sufficient to meet the true cost of the services provided to children and families. The Children's Division contracted with Mercer Government Human Services Consulting to develop an actuarially sound case rate range for case management services (case management, administrative costs, special expenditures for children, resource funding for the recruitment of foster and adoptive parents, foster care maintenance and residential treatment costs) in selected counties. These rate ranges were used in awarding contracts in 2005 and 2008.

In SFY- 2009, the average annual cost per case was \$23,692, which equated to \$1,974 per month. The annual cost of the contract was \$61.6 million. These costs include case management costs, administration, special expenses for children, resource development, foster care maintenance, and residential treatment services. In SFY- 2009, funding was increased to accommodate an additional 315 cases bringing the total number of cases managed to its current level of 2,602. Attached is a comparison of the costs to the State of Missouri to provide these services directly versus the cost to contract these services.

The cost of these contracts has to be examined in terms of what Missouri has gained as the result. The contracts allowed the state agency to reduce caseloads and facilitate COA accreditation. In addition, they built upon the Children's Division priorities of improved supervision and quality assurance. The contracts contained specific requirements for caseload size, staff qualifications, and services to be provided. As such, the awards were contingent on supervision and quality assurance plans. Finally, they allowed for healthy competition which ultimately improves accountability in any system.

Additional time is needed to examine trends of improved outcomes for children. It will be important to review data for the children case managed by Children's Division staff who are not part of the control groups. This will be completed over the next year and will result in a cost effective discussion.

## **Lessons Learned**

- Communication is the most critical component of an effective public-private partnership. In addition to the informal communication which occurs on a regular basis, the Division Director and other key staff from the Children's Division continue to meet with the CEOs of the contracted agencies on a regular basis to remove barriers and discuss strategies to enhance the public-private partnership. Meetings during the first year were held on a monthly basis. In the second year, it was mutually agreed upon to hold these meetings on a quarterly basis.

Quarterly meetings are also held for program managers from the public and private sectors. These meetings provide a forum to work on unresolved issues from the regional Continuous Quality Improvement meetings (described below) and an opportunity to share best practice. At the meeting held in March, 2009 participants were put in small groups for discussion of strategies to develop permanent placements for older youth. Workgroups are formed as needs are identified. Most recently a group was formed to address positive goals for older youth who do not reach one of the prescribed federal permanency outcomes. Significantly different programming is needed to provide these older youth with the best opportunity for success. The public/private partnership is in the process of designing this new system together.

- A Continuous Quality Improvement (CQI) process at the local and regional levels is critical for improved service delivery and collaboration. Local meetings were held on a monthly basis for the first three years of implementation. Recently, some of the initial sites have decided to meet less frequently. Quality Assurance (QA) representatives from the public and private sectors are now invited to the regional meetings to develop joint QA plans where needed and move the emphasis from process (i.e. implementation issues) to improved quality of services and outcomes for children.
- Joint Quality Assurance efforts are necessary to improve outcomes for Missouri's foster care children. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice (see attached). A QA Summit was held for public and private QA specialists in September, 2008. In addition the QA specialists attended a two day training in February, 2009. This provided an opportunity to collaborate, share ideas for quality assurance and best practice, and tools.
- Evaluation activities are necessary for the success of any program. An evaluation advisory board has been re-established to guide the final year of the QIC grant activities. The primary purpose of this advisory group will be to determine the information still needed to explain quantitative outcomes and how this information will be collected. This board met on 5/27/09.
- Designated staff are critical for the implementation and on-going support of the performance based contracts. One oversight specialist is assigned for every 70 contracted cases. Through technical assistance they provide contractors with the tools they need to successfully perform their job

functions such as policy updates, training notifications etc. They also support daily functions such as case assignment. In addition, they support accountability. The oversight specialists attend all of the permanency planning reviews and now monitor child and placement provider visitation. They also oversee the complaint process to ensure contractors are accountable to community stakeholders for their work.

## Challenges

- The plan was to revise the outcome targets after examining performance for the 3rd and final year of the first performance based contract. Due to the conversion to a compliant Statewide Automated Child Welfare Information System (SACWIS), those outcome measures only recently became available. As there were only two one year renewal options for the first contract a decision was made to release the RFP with the initial outcome targets. These targets will likely be revised for the next contract year.
- SACWIS compliance continues to be an issue of concern. Private agencies developed case management systems to address their business needs at considerable cost. The state has since implemented a SACWIS compliant case management system which was federally funded. Information can not be dually entered into a SACWIS system and another information system. As such, the state is working to develop an interface from SACWIS to the private provider systems. The private providers will need to accept the information downloaded through the interface which will likely involve additional cost.
- Entries into care have decreased whereby the contracted monthly referrals have not been met. As the case rate is developed consideration is given for the number of cases which will be transferred from each county. As such, there can be a financial impact when cases are selected from another county. A decision was recently made to transfer cases from surrounding counties to replace those which should be assigned from St. Louis City as the monthly referrals to contractors from this county have not been met for six consecutive months.
- The equalization process is compromised as contracted referrals increase over time and entries into care continue to decline. In an area such as St. Louis City which is approximately 68% privatized entries into care have dramatically declined resulting in the majority of the new cases being assigned to the contracted providers. As a result the population served by the public and private sectors is likely beginning to skew.
- An overall decrease in entries into care statewide and a constant number of cases which are to be assigned to the contractors has resulted in a growing portion of the child welfare population being served by private contractors. Because the contracts are not structured in a manner for the private sector to provide all case management services in any given county a different contract may be required in the future.
- Since the last report to the General Assembly, the Children's Division has issued two formal letters of concern to two different consortiums. Both consortiums fully cooperated by implementing aggressive corrective action plans.
- The role of the oversight specialists has changed over time and involves a rare mix of technical assistance, quality assurance and advocacy. The movement of case carrying staff to a quality assurance role has been challenging and requires on-going communication. In addition statewide quarterly meetings are held.

## Recommendation

**We recommend the contract for performance-based case management services be continued.**

Improving outcomes for children case managed by private and public staff is the ultimate goal for the public-private partnership. This initiative has increased the capacity to provide quality services to vulnerable children and their families.

# **PBC Outcomes**

## **Contractual Year One (9/1/05-9/30/06)\***

<b>Domains</b>	<b>Data Elements</b>	<b>6ZA Missouri Alliance</b>	<b>6ZB Children's Perm Partner</b>	<b>6ZC St. Louis Partners</b>	<b>6ZD Cornerstones of Care</b>	<b>6ZE Family Advocates</b>	<b>6ZF Boys &amp; Girls Town</b>	<b>6ZG Springfield Partners**</b>	<b>6ZH Jackson Co Control Group</b>	<b>6ZI Greene Co Control Group</b>
<b>Re-entries</b>	Total Population	707	704	292	413	224	279	120	199	257
	Re-entries	4	2	0	6	1	3	0	6	0
	Total # Exits	215	216	116	184	110	84	0	110	68
	% did not re-enter care	98.1%	99.1%	100.0%	96.7%	99.1%	96.4%	N/A	94.5%	100.0%
	<b>Target</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>
<b>Stability</b>	#Children w/0, 1 & 2 Moves	654	644	264	385	212	266	120	178	245
	% w/ 2 or less moves	93%	91%	90%	93%	95%	95%	100%	89%	95%
	<b>Target</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>N/A</b>	<b>82%</b>	<b>82%</b>
<b>Permanency</b>	# Achieving Perm	175	177	91	143	91	67	0	80	52
	% Achieving Perm	25%	25%	31%	35%	41%	24%	0%	40%	20%
	<b>Target</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>30%</b>	<b>30%</b>	<b>24%</b>	<b>N/A</b>	<b>30%</b>	<b>24%</b>
<b>Resource Homes</b>	# Homes Developed	33	47	56	21	15	24	N/A	N/A	N/A
	<b># Resource Homes Stated in Proposal</b>	<b>20</b>	<b>52</b>	<b>40</b>	<b>20</b>	<b>50.4</b>	<b>20</b>	<b>35</b>	<b>N/A</b>	<b>N/A</b>
<b>Safety</b>	# Child Abuse/Neglect in Foster Care	1	5	1	2	0	0	0	0	1
	% of Child Abuse/Neglect in Foster Care	99.86%	99.29%	99.66%	99.52%	100%	100%	100%	100%	99.61%
	<b>Target</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>

\*Reflects all children referred until 9/30/06, including some cases referred for Contract Year 2, which began October, 2006.

\*\*Springfield Partners began serving children in September, 2006.

**PBC Outcomes Report**  
**Contractual Year Two 10/1/06 to 9/30/07**

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstone s of Care	6ZE Family Advocate s	6ZF Boys & Girls Town	6ZG Springfiel d Partners*	6ZH Jackso n Co Control Group	6ZI Greene Co Contro l Group
Re-entries	Total number of Exits to Permanency from 10/1/06 to 9/30/07	225	225	77	125	62	83	41	61	84
	Duplicated Re-entries	10	6	3	12	5	2	2	9	5
	% did not re-enter care	95.6%	97.3%	96.1%	90.4%	91.9%	97.6%	95.1%	85.2%	94.0%
	<b>Target (or more)</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>
Stability	Unduplicated Population Active during Yr2	723	728	305	376	174	301	154	169	245
	# Children active during reporting period w/0, 1 & 2 Moves during PBC episode	580	584	246	313	158	257	137	134	210
	% w/ 2 or fewer moves	80%	80%	81%	83%	91%	85%	89%	79%	86%
	<b>Target (or more)</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>
Permanency	Duplicated Population Active during Yr 2	732	733	307	387	179	303	156	178	250
	# Achieving Perm	225	225	77	125	62	83	41	61	84
	% Achieving Perm	31%	31%	25%	32%	35%	27%	26%	34%	34%
	<b>Target (or more)</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>30%</b>	<b>30%</b>	<b>24%</b>	<b>24%</b>	<b>30%</b>	<b>24%</b>
Safety	Unduplicated Population Active during Yr2	723	728	305	376	174	301	154	169	245
	# CA/N in Foster Care	0	0	0	0	2	0	1	0	1
	% of CA/N in Foster Care	0.00%	0.00%	0.00%	0.00%	1.15%	0.00%	0.65%	0.00%	0.41%
	% No CA/N in Foster Care	100.00%	100.00%	100.00%	100.00%	98.85%	100.00%	99.35%	100.00%	99.59%
	<b>Target (or more)</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>
Resource Homes	# Homes Developed in Yr 2	34	56	55	34	9	38	15	N/A	N/A
	# Resource Homes Stated in Proposal	20	52	40	20	50.4	20	35	N/A	N/A

\*Springfield Partners began serving children in September, 2006

**PBC Outcomes Report**  
**Contractual Year Three 10/1/07 to 9/30/08**

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children' s Perm Partner	6ZC St. Louis Partners	6ZD Cornerstone s of Care	6ZE Family Advocate s	6ZF Boys & Girls Town	6ZG Springfiel d Partners	6ZH Jackso n Co Control Group	6ZI Greene Co Control Group
Re-entries	Total number of Exits to Permanency from 10/1/07 to 9/30/08	225	193	93	170	86	113	52	80	69
	Duplicated Re-entries	18	6	5	8	4	0	1	3	5
	% did not re-enter care	92.0%	97.4%	94.6%	95.3%	95.3%	100.0%	98.1%	96.2%	92.8%
	<b>Target (or more)</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>	<b>91.4%</b>
Stability	Unduplicated Population Active during Yr 3	778	770	333	490	258	407	213	237	310
	# Children active during reporting period w/0, 1 & 2 Moves during PBC episode	609	611	257	388	208	333	184	194	249
	% w/ 2 or fewer moves	78%	79%	77%	79%	81%	82%	86%	82%	80%
	<b>Target (or more)</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>	<b>82%</b>
Permanency	Duplicated Population Active during Yr 3	779	770	333	490	258	407	213	237	311
	# Achieving Perm	225	193	93	170	86	113	52	80	69
	% Achieving Perm	29%	25%	28%	35%	33%	28%	24%	34%	22%
	<b>Target (or more)</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>30%</b>	<b>30%</b>	<b>24%</b>	<b>24%</b>	<b>30%</b>	<b>24%</b>
Safety	Unduplicated Population Active during Yr 3	778	770	333	490	258	407	213	237	310
	# CA/N in Foster Care	1	1	0	0	0	2	1	0	0
	% of CA/N in Foster Care	0.13%	0.13%	0.00%	0.00%	0.00%	0.49%	0.47%	0.00%	0.00%
	% No CA/N in Foster Care	99.87%	99.87%	100.00%	100.00%	100.00%	99.51%	99.53%	100.00%	100.00%
	<b>Target (or more)</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>	<b>99.43%</b>
Resource Homes	# Homes Developed in Yr 3	92	73	45	39	37	49	31	N/A	N/A
	# Resource Homes Stated in Proposal	20	52	40	20	50.4	20	35	N/A	N/A

**Cost Comparison for State vs Contract**

	Case Management	Admin.**	Special Expenses	Resource Develop.	Foster Care Rate*	RTS & Specialized Care Contract*	Total Annual Rates
State Cost	\$5,137	\$293	\$542	\$927	\$4,265	\$8,524	\$19,688
Contract	\$7,005	\$1,508	\$1,465	\$754	\$5,096	\$7,863	\$23,692
Difference	\$1,868	\$1,215	\$923	(\$173)	\$831	(\$661)	\$4,003

Contract Amount as a % of State Cost 120%

\* Includes the FY 09 3% rate increase

\*\* Admin is based on a DSS average indirect rate of 8.5% of salaries. Due to the differences in the way private companies operate versus the State of Missouri it is difficult to compare Administration rates. Additionally, due to economies of scale, the contractors are at a disadvantage in this area. Administration costs for the state are spread over multiple programs and thousands of employees, while contractors are only focused on one program and often times less than 100 employees. This rate does not reflect actual costs to the contractors, rather the rate paid to them by the state. Contractors can and do use this rate to supplement other expenditures on the children that they case manage.



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February 13, 2009

MEMORANDUM FOR PROGRAM MANAGERS AND QUALITY ASSURANCE (QA)  
SPECIALISTS

FROM: Celesta Hartgraves, Acting Children's Division Director

Dick Matt, CEO, Missouri Alliance Permanency Partnership/Children's Coalition

Brenda Maly, COO, Children's Permanency Partnership

Michael Fitzgerald, CEO, Catholic Charities Service Agency

Denise Cross, CEO, Cornerstones of Care

Janine Hron, CEO, Family Advocates

Marilyn Nolan, CEO, Springfield Partners

Our recent efforts regarding worker visitation with children has highlighted a need for a more coordinated approach to handling quality assurance activities. This letter and attachment will outline expectations for joint private/public quality assurance initiatives.

The original intent of the PBC CQI regional meetings was to address implementation issues related to the case management contracts. We appreciate that there is still a need for such in the new regions and on a more limited basis in the experienced contracted case management sites. As such, we are requesting that additional time be set aside for these meetings to discuss joint QA needs. Quality Assurance specialists from the state and contracted agencies should be invited to participate in these discussions. We would also like time set aside for sharing best practice, i.e. what works to improve outcomes for children.

Joint initiatives at the state level may include federal reporting/reviews such as the worker visit with children report, preparation for the Child and Family Service Review, and AFCARS/data accuracy activities. Some time should be set aside in the contracted case management program manager meeting to discuss such. In addition, these activities will also be discussed in the following forums: CQI University; CD QA meetings which contracted QA staff will be invited to attend twice per year; QA Summit; and the PIP Advisory Committee. Ryan Dowis attends the later and has agreed to provide a summary which will be distributed to all contracted program managers and QA staff. Children's Division also plans to share the CQI "In Focus" Quarterly newsletter with contracted agencies or post this information on the web. Additional information regarding many of these activities will be forthcoming.

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Information related to data accuracy/integrity will also be provided through e-mail communication. The public and private agencies will each be expected to establish procedures to ensure necessary information is consistently entered into FACES across all programs. Feedback may also be expected. We recognize there may be additional training needs related to FACES. There are plans to provide such to the QA specialists who will need to work with staff where needs are identified.

While many activities noted in this memorandum will be directed by private and public QA staff, program managers will also be called upon to support these QA initiatives. If we all work together we are confident our children and families will benefit. Ultimately, that is what our work is all about, improving our services to achieve better outcomes for our foster children. Thank you, in advance, for your time and attention to this matter. Most importantly, thank you for everything you do each and every day to benefit our children.